TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION 10: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN	
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HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmital for each amendment) 6. FEDERAL STATUTEREGULATION CITATION: 42 CFR 413.30; 413.40 FVF 2000 \$ 3632.30 5 FVF 2001 \$ 14681.90 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 8d 7a SAME (TN 00-27) Panding Delete 10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent or reduction previously made in the Medicaid prospective per diem rates for private hosp 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SISPATURE OF STATE AGENCY OFFICIAL: Secretary David W. Hood 14. TITLE: Secretary Secretary Secretary Secretary Secretary David W. Hood	SOCIAL
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TWPED NAME: David W. Hood 14. TITLE: Secretary 15. DATE SUBMITTED: September 25, 2000 16. RETURN TO: State of Louisiana Department of Health and Hos 1201 Capitol Access Road P.O. Box 91030 Baton Rouge, LA 70821-9030 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED:	does
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19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL: JULY 1, 2000	
21. TYPED NAME ASSOCIATE REGIONAL ADMINISTRATO	
23. REMARKS DINE 80 TALE Achieves per Statels 5/9/01 letter.	1. As 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF LOUISIANA

ATTACHMENT 4.19-A Item 1, Page 7a

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES -IN-PATIENT HOSPITAL CARE

6. Calculation of Payment Rates (continued)

Effective for dates of service March 8, 2000 and after, private hospitals are reimbursed at ninety-three percent (93%) of the per diem rates in effect as of March 7, 2000 as calculated in 5. above.

STATE LOUISIGNA

DATE REC'D 4-3-00

DATE APPV'D 6-6-01

DATE EFF 3-8-00

HCFA 179 00-27

SUPERSEDES: NONE - NEW PAGE

00-27 Approval Date 6-6-01 Effective Date 3-8-00 Supersedes

TN# Done: Newpage